

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010758

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1479

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE

KANSAS

b. COUNTY

Wyandotte

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 DAY

c. CITY OR TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION

Doctors Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2024 BRISTOW

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
William Leonard BARROW

4. DATE OF DEATH

Month Day Year
MARCH 12 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

MAR 21 - 1888

9. AGE (last birthday)

73

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Standard Dept

10b. KIND OF BUSINESS OR INDUSTRY

M-Like Druggs

11. BIRTHPLACE (City and state or country)

Clarksburg IL

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles BARROW

13b. MOTHER'S MAIDEN NAME

Abbie Shuff

14. NAME OF HUSBAND OR WIFE

Erma Maud BARROW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs E.M. BARROW

Address

2024 BRISTOW K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

36 hrs

DUE TO (b)

Atherosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-11-62 to 3-12-62 and last saw him alive on 3-12-62
Death occurred at 8:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Harold W. Bain D.O.

22b. ADDRESS

4130 Rymple Blvd Kansas City, Kansas

22c. DATE SIGNED

3-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

MAR 15 - 1962

23c. NAME OF CEMETERY OR CREMATOR

Maple Hill Cem.

23d. LOCATION (City, town or country)

KANSAS CITY KAN

(State)

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

3-14-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Murray Wilson

Licensed Embalmer No. 4989

P. O. Address Parkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.